

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET PU4758USw
First Name Inventor: BROWN et al
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.60/397,898	07/23/2002	
2.		
3.		

Rec'd PCT/PTO 20 JAN 2005
 DECLARATION FOR "371" APPLICATION
 Page 3 of 3

10/521910

2	FULL NAME OF INVENTOR DREWRY	FAMILY NAME Signature	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold Date:
0	INVENTOR'S SIGNATURE			
4	RESIDENCE & CITIZENSHIP CITY Durham NC	STATE OR FOREIGN COUNTRY NC	CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398			
0	FULL NAME OF INVENTOR LACKEY	FAMILY NAME Signature	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth Date:
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6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR PEAT	FAMILY NAME Signature	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James Date:
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2	FULL NAME OF INVENTOR VEAL	FAMILY NAME Signature	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin Date: 9-26-2003
0	INVENTOR'S SIGNATURE	<i>J - ~ - J</i>		
8	RESIDENCE & CITIZENSHIP CITY Apex NC	STATE OR FOREIGN COUNTRY NC	CITY Apex	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27502, US
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2	FULL NAME OF INVENTOR WILSON	FAMILY NAME Signature	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark Date:
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Address all correspondence and telephone calls to Customer Number 23347 23347			Direct Telephone Calls to: Amy H. Fix 919-483-8911	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
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0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		
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2	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
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0	INVENTOR'S SIGNATURE	<i>Cheung</i>		Date: 9/5/03
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2	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
0	INVENTOR'S SIGNATURE <i>Karen Elizabeth Lackey</i>	Date: <i>Sept 6, 2003</i>	
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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	INVENTOR'S SIGNATURE	Signature <i>Scott Howard Dickerson</i>		
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6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew	
	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
7	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin	
	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
8	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US	
2	FULL NAME OF INVENTOR WILSON	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark	
	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
9	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

10/521910

Rec'd PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY		ATTORNEY'S DOCKET NUMBER PU4758USW
Continued		

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number <u>23347</u> <u>23347</u>	Direct Telephone Calls to: Amy H. Fly 919-483-8911
--	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR <u>BROWN</u>	FAMILY NAME <u>Matthew J. Brown</u>	FIRST GIVEN NAME <u>Matthew</u>	SECOND GIVEN NAME/INITIAL <u>Lee</u>
0	INVENTOR'S SIGNATURE <u>Matthew J. Brown</u>			Date: <u>09/01/2005</u>
1	RESIDENCE & CITIZENSHIP <u>Indianapolis IN</u>	STATE OR FOREIGN COUNTRY <u>IN</u>	COUNTRY OF CITIZENSHIP <u>US</u>	
1	POST OFFICE ADDRESS <u>634 East 10th Street, Apt. #1</u>	CITY <u>Indianapolis</u>	STATE & ZIP CODE/COUNTRY <u>IN 46202 US</u>	
2	FULL NAME OF INVENTOR <u>CHEUNG</u>	FAMILY NAME <u>Mui</u>	FIRST GIVEN NAME <u>Mui</u>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE <u>Mui</u>			Date:
2	RESIDENCE & CITIZENSHIP <u>Durham NC</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>CN</u>	
2	POST OFFICE ADDRESS <u>GlaxoSmithKline Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	
2	FULL NAME OF INVENTOR <u>DICKERSON</u>	FAMILY NAME <u>Scott</u>	FIRST GIVEN NAME <u>Scott</u>	SECOND GIVEN NAME/INITIAL <u>Howard</u>
0	INVENTOR'S SIGNATURE <u>Scott</u>			Date:
3	RESIDENCE & CITIZENSHIP <u>Durham NC</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>US</u>	
3	POST OFFICE ADDRESS <u>GlaxoSmithKline Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>	

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET

PU4758USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
 () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.60/397,898	07/23/2002	
2.		
3.		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

Continued

ATTORNEY'S DOCKET NUMBER
PU4758USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to **Customer Number 23347**

23347

Direct Telephone Calls to:

Amy H. Fix
 919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BROWN	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	634 East 10 th Street, Apt. #1		
2	FULL NAME OF INVENTOR CHEUNG	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR DICKERSON	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION

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Rec'd PCT/PTO 20 JAN 2005

2	FULL NAME OF INVENTOR DREWRY	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR LACKEY	FAMILY NAME LACKEY	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PEAT	FAMILY NAME PEAT	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
	INVENTOR'S SIGNATURE 	Date: 9/29/03		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR THOMSON	FAMILY NAME THOMSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR VEAL	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP Apex	CITY Apex	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US	
2	FULL NAME OF INVENTOR WILSON	FAMILY NAME WILSON	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark
	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
9	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**
**ATTORNEY'S DOCKET
PU4758USw**
**First Names Inventor:
BROWN et al**
**Complete if known:
App No.:**
Filing Date
Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22717 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.60/397,898	07/23/2002	
2.		
3.		

10/521910

DECLARATION FOR "371" APPLICATION

Page 2 of 3

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20 JAN 2005

ATTORNEY'S DOCKET NUMBER
PU4758USw**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY**

Continued

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		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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Customer Number 23347 and Customer Number 20462

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Direct Telephone Calls to:

Amy H. Fix
919-483-8911

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2	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN NAME Matthew	SECOND GIVEN NAME/INITIAL Lee
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY IN	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10th Street, Apt. #1	CITY Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 3 of 3

10/521910

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20 JAN 2005

2	FULL NAME OF INVENTOR DREWRY	FAMILY NAME Signature	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR LACKEY	FAMILY NAME Signature	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL Elizabeth
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PEAT	FAMILY NAME Signature	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR THOMSON	FAMILY NAME Signature	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR VEAL	FAMILY NAME Signature	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP Apex	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
8	POST OFFICE ADDRESS 8916 Weaver Crossing	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US	
2	FULL NAME OF INVENTOR WILSON	FAMILY NAME Signature	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark
0	INVENTOR'S SIGNATURE <i>Jayme Lyn Roark Wilson</i>			Date: 9/8/03
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
9	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	